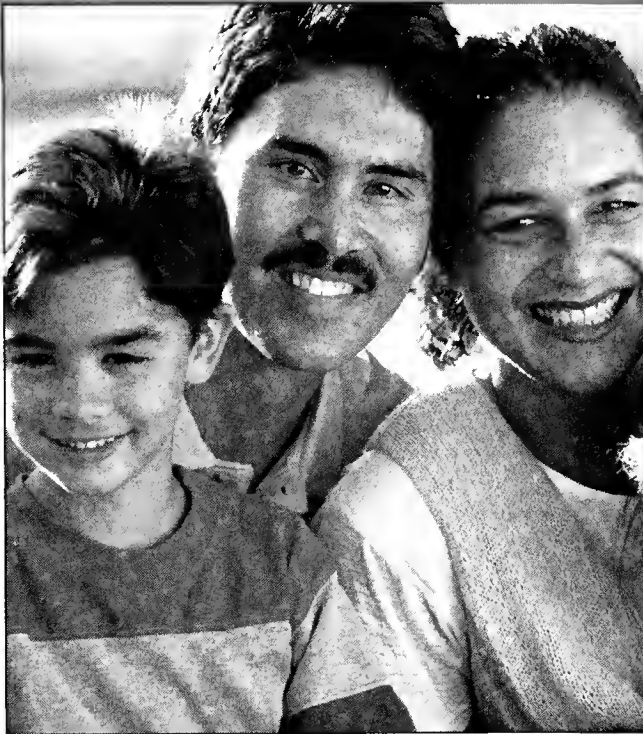


# What's the Diagnosis?

**Latinos,  
Media  
& Health**



Office of Minority Health  
Resource Center  
PO Box 37337  
Washington, DC 20013-7337



A Study of  
Sexual Health  
Coverage  
in Latino  
Magazines,  
1997-1998

THE HENRY J.  
**KAISER  
FAMILY**  
FOUNDATION

By Melissa A. Johnson, Ph.D.

With contributions from  
Molly Parker  
and Tina Hoff



June 1998

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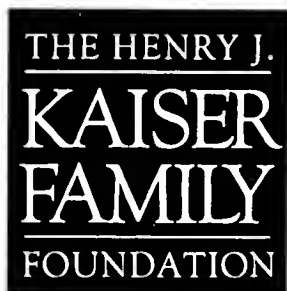
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Additional copies of this report, and the others in the series, are available free-of-charge by calling the Kaiser Family Foundation's publication request line at 1-800-656-4KFF (#1400).



# What's the Diagnosis?

Latinos, Media & Health

A Series of Three Reports from the Kaiser Family Foundation  
*A Study of Sexual Health Coverage in Latino Magazines,*  
1997-1998

June 1998

**By**

Melissa A. Johnson, Ph.D., North Carolina State University

**With contributions from**

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Molly Parker, Kaiser Family Foundation

**Other Reports in the Series:**

A National and Three Region Survey of Latinos on the Media and Health, 1998

A Study of Health Coverage in Latino Newspapers, Television and Radio News,  
1997-1998

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# Introduction

## Latinos, Media and Health

Latinos are disproportionately affected by some of the most serious health problems facing our country. They are more likely to be uninsured and face problems accessing health care when needed. Young Latinos, in particular, are confronting very high rates of unintended pregnancy and sexually transmitted diseases. Latinos have also been hit hard by the AIDS epidemic, and worry about its impact on their families and communities. Other medical conditions such as diabetes, tuberculosis, asthma, and certain cancers also disproportionately affect Latinos.

Studies show that many of the 29 million Latinos in the United States today rely on Spanish-language and other Latino-oriented media for information, particularly about health issues. At the same time, Latino-oriented media in this country has grown dramatically in numbers as well as in influence. Yet, as compared to the general market media, much less is known about the coverage of health (or other) issues in Spanish-language and other Latino-oriented media.

In a series of three reports, the Kaiser Family Foundation, an independent health care philanthropy, provides new insight into how health is covered by national and key regional Latino-oriented media, as well as the role of all media today as information sources for Latinos on important health issues.

This report discusses the findings of a Kaiser Family Foundation study of sexual health coverage in many of the most popular magazines among Latino women and teens. The other two reports in the series examine

Latinos' use of both the general market and Latino-oriented media as information resources on a range of health and sexual health topics, and health coverage in Latino-oriented newspapers and on Spanish-language television and radio news nationally and regionally in six U.S. markets with large Latino populations (Chicago, Houston, Los Angeles, Miami, New York City, San Francisco/San Jose).

## A Study of Sexual Health Coverage in Latino Magazines

In spite of new drug therapies, AIDS remains a serious public health concern in this country that disproportionately affects Latinos and other minority populations. Rates of other sexually transmitted diseases (STDs) are also climbing. And, unintended pregnancy continues to be a problem for women of all ages. Reproductive and sexual health issues such as these are of great concern to the growing Latino population. There is also evidence that as Latinos become more acculturated they adopt riskier health behaviors (Molina & Aguina-Molina, 1994; Sabogal, Pérez-Stable, Otero-Sabogal, & Hiatt, 1995). This is especially worrisome with regard to young Latinos who are sexually active and in the prime of their reproductive lives.

To understand more about the kind of information Latinos are getting (or not getting, as the case may be) about a range of reproductive and sexual health issues from this segment of the media, the Kaiser Family Foundation commissioned the most exhaustive and comprehensive study to date of Latino women's, men's, and teen magazines in the U.S. This study analyzes the sexual and reproductive health content of 17 Spanish-language or Latino-oriented magazines distributed in the U.S. and compares it with other health content as well as non-health-related sexual content. Specifically, the study coded for mentions, as well as more in-depth coverage, of the following sexual health topics: contraception, emergency contraception, pregnancy (both planned and unintended), abortion, HIV/AIDS, and other STDs.



# Background

## Magazines Play a Special Role

Magazines play a special role as a resource, especially for women, on a range of health topics. Teenage girls have also been found to use magazines to help construct their identities, including their sexual development and decision making (Brown, White, & Nikopoulou, 1993). Magazines are a particularly significant conveyor of information about women's health, including reproductive and sexual health issues.

According to a 1997 Kaiser Family Foundation survey, three out of four adults 18 years old and older consider magazines an "important" source of information on topics such as contraception, HIV/AIDS, and other STDs. Half of these people say the information magazines provide on these topics is frequently information readers are not likely to get from other sources. Another Kaiser Family Foundation survey conducted in 1996 found that teens also view magazines as important resources on sex and contraception. Three out of five (63%) Latina teen girls between the ages of 12-18 say they read magazines regularly, and more than half of these teens say they use magazines for information on sex, contraception, or ways to prevent STDs. In general, half (47%) of all Latina teen girls and a quarter (26%) of Latino teen boys say they have learned some or a lot of information about pregnancy and contraception from magazines. In addition, a 1998 Kaiser Family Foundation survey of Latino adults on HIV/AIDS found that close to half (48%) of Latinos had received information about HIV/AIDS from a magazine within the month prior.

While surveys such as these have helped to document the role magazines and other media play in providing information about health issues, less has been known about the actual content of these media including what is covered and what is not, how these issues are covered, and what types of experts are most commonly cited.

In response to the dearth of information available about magazine coverage and given its important role as a resource on reproductive and sexual information, the Kaiser Family Foundation in 1996 commissioned a large-scale study of sexual messages in women's, men's, teen, and specialty magazines. Dr. Kim Walsh-Childers examined for the Foundation articles and news items that included sexual content from a one-year sample of 50 of the most popular women's, men's, teen, and other specialty magazines, such as African-American and health and fitness magazines. The study also included a

ten-year retrospective of 16 of the leading women's and teen girl magazines. (Latino-oriented magazines were not included in this study for language and cultural reasons, and have been analyzed and reported on separately by the Foundation in this report.)

The Foundation's study found that in general market women's magazines, about one in three (34%) articles on sexual issues—both sexual activity- and sexual health-related—were focused mainly on a *sexual health* topic, such as unintended pregnancy or STDs. Teen magazines were even more likely to cover sexual health topics, with two out of every five (42%) articles on sexual issues focused mainly on a sexual health topic. While the majority of the women's and teen magazine coverage of sexual issues focused primarily on sexual activity, many of those articles also included sexual health information (22% in women's magazines, 57% in teen magazines).

## Latino Magazines: Growth Explosion in the 1990s

Scores of magazines whose target audience at least includes Latinos in the United States have been founded, several in just the last few years. Some estimate that Latino-oriented magazines available in the United States total as many as 200, including both regional and national publications. Some cater to culture, politics, or lifestyle interests. Others cater to Latino subgroups, such as Cuban-Americans, or to those living in urban centers. Many try to provide Latino-oriented alternatives to traditional formats, such as women's or teen magazines. Although the majority are Spanish-language, an increasing number—including some of the most recent additions to the market—are bilingual or English-language with a Latino focus. However, most general interest magazines targeted to Latinos are direct translations of their sister English-language publications.

Unlike traditional ethnic media, which has played an important role helping new immigrants acculturate, many of the Latino-oriented magazines, especially the newer bilingual or Spanish-language translations of women's magazines, target young Latinas of reproductive age (15-44 years old) who are second- or third-generation in this country. These magazines attempt to appeal to the younger generation of Latinos who are more acculturated but still want to preserve their own images and culture. Long-standing Spanish-language magazines like *Vanidades*, published in the United States since the 1960s when its founder fled Cuba (where it originated), or *Cosmopolitan en Español*, started in 1973, are receiving some fierce new Spanish-language and English-language competition. In March, for instance, magazine powerhouse Condé Nast Publications Ltd. launched *Glamour en Español*. And, since coming onto the market just two years ago, *Latina*, a bilingual women's magazine, has catapulted to the top Latino-oriented

women's magazine in the U.S., with a circulation of 175,000 and readership of 875,000. In addition, some of the Spanish-language magazines that are well-known in other countries, especially in Mexico, are increasing their distribution in the United States.

Latino-oriented magazines in this study generally fell into three categories:

- Spanish-language publications with original content published and distributed internationally by the multi-national media conglomerate Editorial Televisa;
- Bilingual or English-language publications with original content specifically targeted to U.S. Latinos; and
- Spanish-language editions of general market publications (e.g., *Harper's Bazaar* or *Vogue*) published and distributed internationally, independently or through an arrangement with Editorial Televisa.

A list of the publications, publishers, and circulation size appears in Appendix One.

The research questions investigated in this study focused on: examining the scope and depth of the magazines' sexual health coverage; analyzing whether sexual health coverage was made "Latino relevant"; identifying the extent to which possible causes and solutions of sexual health problems are discussed; identifying which groups are presented as primarily affected by the issue of focus; determining the types of individuals and organizations are cited as sources or provided as referrals; evaluating self-efficacy orientation in the articles; evaluating the prominence and attention given to the sexual health articles; and coding the types of coverage, item length, writer identification, and other related items.

# Methodology

## Sample

Seventeen Latino-oriented general market magazines primarily aimed at women and teen girls (one focused specifically on men) were included in the study, which spanned a one-year period from March 1997 to February 1998. To be included, magazines originating outside of the U.S. had to have a circulation of at least 20,000 in the United States (Whisler, Nuiry, & McHugh, 1997); the circulation of the magazines in the sample ranged from 20,000 to 400,000. Magazines had to be available on newsstands or through a subscription in the U.S. (If one had to write to Mexico or Spain to obtain the magazine, it was not included. Publications distributed solely through physicians' offices were excluded, as well.) Two magazines that started in 1997 (*Estylo* and *Latina Bride*) were included although they began distribution after March. Nine were monthly publications, two were published 26 times per year, three were quarterly publications, and two were published bimonthly. One women's magazine (*Latina*) started publishing as a bimonthly but switched to monthly publication in mid-year. Two magazines were Spanish-language teen magazines, fourteen were women's magazines, and one was a men's magazine. In all, 176 issues were included in the study.

Since only one national general interest men's magazine (*Men's Health en Español*) is published specifically for Latinos, it was analyzed separately from the larger sample of women's and teen magazines. The results are discussed at the end of the report. Because of considerable variability among magazines, and unequal sample sizes in the number of issues (and correspondingly, in number of articles), we urge caution in generalizing these findings to a multi-national sample or comparing them to a sample of regional Latino-oriented magazines.

Every effort was made to include an entire year's worth of publications. Current issues were obtained via subscription or purchased at *tiendas* (small stores catering to Latinos). A few of the magazines were available at mainstream newsstands and bookstores. Some back issues were obtained directly from the publishers. Nationwide, these magazines are rarely available in research or public libraries, and when they are, back issues are often not available. Other issues were obtained by requesting back issues via Latino Internet groups; some from out-of-state graduate students who photocopied magazines in local public libraries; and others from scouring flea markets. Despite these efforts,

four issues published during the sample period were unable to be obtained and three did not arrive in time for coding.

## Coding and Item Selection

The focus of coverage in this study was **sexual health**, defined as health topics associated with human sexuality that affect or are affected by health status. This included articles about contraception, emergency contraception, abortion, planned and unintended pregnancy, HIV/AIDS, and sexually transmitted diseases. For comparison, articles about **general sexual activity** were also coded. Coverage of sexual activity included articles about sexual decision-making, sexual techniques, orgasm, masturbation, and other sexual activity topics. A third group of coded articles were **health topics other than sexual health**. One category within this group was general coverage of the reproductive system, such as articles about menopause and menstruation. (When the *main* focus of a menstruation or menopause article was sexual health or sexual activity, it was coded as such.) Most of the health topics in this group of “other health” included overviews of diseases and health conditions, prevention, and treatment. (The coding sheet in Appendix Two lists the topics coded.)

Prior health communication studies have been criticized for limiting their focus to just news and feature articles (Atkin & Arkin, 1990). In an effort to be responsive to such prior research limitations, this research included sexual or advice columns, letters to the editor, reader surveys, and other types of articles commonly found in magazines today. The unit of analysis was each item; meaning that each individual letter in a letter-to-the-editor or advice column would be coded if more than one were related to the topics under study. At least one-third of the content of an article or item had to be about sexual activity or sexual health to be included in the sample. When the same article was published in both Spanish and English in an issue, the longer article was coded. (This usually was the English-language version in bilingual publications.)

## Reliability

A number of steps were taken to boost reliability of analysis (Lacy & Riffe, 1996; Stempel & Westley, 1989; Wimmer & Dominick, 1987). Most coding of variables entailed straightforward dichotomous decisions about manifest content—a subject was mentioned or not mentioned. To increase reliability, definitions of variables that included any subjectivity were listed in a coder instruction manual. All three coders had at least three hours of coder training in addition to follow-up consultation with the

principal investigator concerning coding questions about specific articles. A pretest of articles in one issue of each magazine helped hone definitions and clarify inconsistencies. Two coders were native Latinos (Dominican and Puerto Rican) and one coder with an undergraduate degree in Spanish had lived in Chile for two years. One coder had an undergraduate degree in medical anthropology and one had experience in rural health.

The principal investigator conducted spot checks of the coding sheets and reviewed the variables that required skill (adding words, measuring) or some subjectivity (judging tone or self-efficacy, article type, etc.). Seven percent of the articles was selected purposively for blind double coding by each of the three coders, with none of the coders knowing which of the articles were being analyzed by another coder. Given the number of article topics and the range of magazine styles, purposive sampling for intercoder reliability was important for this particular study (Holsti, 1969; Krippendorff, 1980). The intercoder agreement was 96 percent for the variables included in this investigation. The average range of agreement on word count was 12.5 percent.

## Coding Categories

Staff from the Kaiser Family Foundation worked closely with the principal investigator to develop coding categories. Many categories were replicated from the Foundation's 1997 content analysis of general market women's, men's, teen, and specialty magazines. Additional items were added because of the focus on the U.S. Latino population, its health needs, and its cultural norms and values. In addition, coders recorded specific mentions of Latinos and Latino issues in each major topic category (abortion, contraception, etc.), along with specific mentions of impact on Latinos, Latino-relevant sources and referrals, and other categories. In all, 70 variables in the study dealt with the Latino relevance of sexual health coverage. (See the section on Latino relevance later in the report, and note the Latino relevance items on the code sheet in Appendix Two.)

As discussed in the next section, we also recorded a number of variables dealing with space and number of words allocated to each topic, along with the prominence articles received, so that comparisons could be made among the sexual health, sexual activity, and other health coverage. Spanish- and English-language versions of the specific coding sheets used are included in Appendix Two.

The following section discusses the study findings. Data were collected and analyzed in four major ways. The first objective was to compare the amount of sexual health coverage with other health coverage (non-sexual health) and sexual activity coverage. The

second was to analyze the scope and depth of sexual health coverage, by identifying the main topic focus of each article (such as contraception or abortion) and the subtopics within those topics (such as the effectiveness of contraceptives). The third was to examine how often sexual health information is included in sexual activity coverage or sexual health coverage not focused on that specific topic. The fourth was to identify how often sexual health coverage is made “Latino-relevant,” and to look at other media-related subjects such as prominence or type of coverage.

# Results

Some Latino-oriented magazines covered sexual health topics regularly and extensively, others rarely and/or briefly. Although each magazine has its own target market and mission, the analysis provides insight into the sexual health information available to U.S. readers of Latino-oriented magazines. The articles relating to sexual health totaled 144 “items,” or slightly less than one (0.88) per magazine (Table 1). In comparison, there were 180 items about sexual activity, or slightly more than one (1.1) item per magazine, and 448 “other health” items (on health topics other than sexual health), or about three items per magazine.

**Table 1: Average Words Per Issue and Number of All-Text Pages in a Year’s Worth of Coverage Devoted to Sexual Health, Other Health Topics, and Sexual Activity Coverage**

Main focus of article	% of total editorial content (n=5.8 million words)	Estimated number of all-text pages in total sample
Sexual health	1%	56
Other health	3%	133
Sexual activity	2%	77
Total editorial content	100%	4800

*\*Total page counts for each magazine issue were recorded. Total space in square inches was recorded for each sexual health and each sexual activity article. Estimated page counts for these categories were calculated by dividing total space devoted to each topic by 80 square inches. As page layouts varied extensively by publication, this is an estimate for discussion purposes only.*

In a year’s worth of Latino women’s and teen magazine coverage, approximately 67,000 words were devoted to sexual health, as compared to 92,000 words on sexual activity and almost 160,000 words on other health topics. These estimates are out of approximately 5.8 million words of editorial coverage in almost 15,000 magazine pages. Although text per page varied widely by magazine and by issue, one could visualize these estimates as meaning approximately 56 all-text pages focused on sexual health versus 77 all-text pages focused on sexual activity, and 133 on other health topics. (To estimate total health coverage, one should add the sexual health and other health figures. Note that all of these figures are only estimates.)



## Space and Prominence Devoted to Sexual Health Topics

One of the factors affecting the breadth of coverage of various sexual health topics in each article was the length of that item. For example, while a short item might mention the importance of contraception, a longer one had more space to address specific methods, their effectiveness, health benefits and risks, etc. The average length of a sexual health item was 465 words, which was skewed somewhat by a dozen long articles in the sample. Most of the sexual health coverage was very brief. Half of the items were 126 words or less.

Another key aspect studied was the prominence the magazine devoted to its sexual health coverage. Prominence was measured by identifying whether the sexual health item received attention on the magazine cover, and how much graphic positioning the item received—including space devoted to the item; whether charts and tables accompanied it; and how much space was devoted to photography, illustration, special type treatment, icons, or other design elements. Because of the variability among magazines in type size, leading, column width, and trim size, these were measured in square inches.

The space allocated to a sexual health article averaged 63 square inches (less than a typical magazine page), but again this was skewed by a few long feature articles. One-half of the sexual health coverage received less than 12 square inches, or about a 3 x 4 inch block focusing on the topic.

Did the covers signal the inclusion of sexual health coverage? Four percent of sexual health articles were the main cover story and 12 percent were mentioned on the cover. One in four magazine issues promoted a sexual health article on its cover. In comparison, seven percent of sexual activity articles were the main cover story and another 17 percent were mentioned on the cover. One in five magazine issues promoted an “other health” article on its cover.

## Main Focus of Coverage

One objective of the study was to discern how much overall editorial content was devoted to sexual health coverage. As Table 2 shows, one percent of the total editorial content (measured by word count) in Latino-oriented magazines were articles with a main focus on sexual health issues such as contraception, pregnancy (planned and unintended), abortion, HIV/AIDS, and sexually transmitted diseases other than

HIV/AIDS. Articles focused on sexual activity constituted two percent of total editorial content, and articles focused on other health topics constituted three percent.

**Table 2: Main Focus of Sexual Health Articles**

Main focus of article	% of sexual health articles in total sample (n=144)	% of sexual health articles in Spanish-language magazines (n=134)	% of sexual health articles in English-language or bilingual magazines (n=10)
Planned pregnancy	38%	39%	30%
Unintended pregnancy	6%	7%	—
Contraception	21%	20%	30%
HIV/AIDS	15%	14%	20%
Sexually transmitted diseases (Non-HIV)	8%	8%	20%
Abortion	6%	6%	—
Emergency contraception	1%	1%	—
Multiple sexual health topics	4%	5%	—
Total articles coded	99%*	100%	100%

*Due to rounding*

Another objective of the study was to identify the specific sexual health topic each article focused on, as well as which other sexual health topics the article mentioned. The sexual health articles in Latino-oriented magazines were most likely to focus on planned pregnancy (38%), followed by contraception (21%), and then HIV/AIDS (15%) (Table 3). Spanish-language magazines were more likely to focus on pregnancy, in particular planned pregnancy, while English-language and bilingual magazines were more likely to cover contraception, HIV/AIDS, and STDs.

Sexual health coverage in teen magazines was significantly more likely to focus on unintended pregnancy than that of women's magazines; correspondingly, women's magazines were significantly more likely to focus on planned pregnancy than teen magazines were. In addition, teen magazines covered sexual activity significantly more frequently than women's magazines did.

Many of the articles centered on one subject included discussions of other sexual health topics. For instance, an article profiling ten contraceptive methods might include in its discussion of the methods' pros and cons their protection against sexually transmitted diseases, or effectiveness in preventing pregnancy. To provide a more comprehensive look at the scope of sexual health topics covered in Latino-oriented magazines, we examined how often each sexual health topic was mentioned in sexual health coverage (percentages include articles that focused on that topic, as well). Pregnancy, especially

planned pregnancy, was the sexual health topic most frequently mentioned in sexual health and sexual activity coverage (54%). In a ranking similar to that for the main focus of articles, a third of articles mentioned contraception and one in six mentioned HIV/AIDS and/or STDs.

**Table 3: Mentions of Sexual Health Topics in Sexual Health and Sexual Activity Articles**

Mentions of sexual health topics	% of sexual health articles in total sample (n=144)	% of sexual health and sexual activity articles in total sample (n=324)	% of sexual health and sexual activity articles in Spanish-language (n=298)	% of sexual health and sexual activity articles in English-language or bilingual (n=26)
Pregnancy	54%	29%	31%	15%
Planned pregnancy	42%	19%	20%	12%
Unintended pregnancy	21%	13%	13%	12%
Contraception	32%	23%	22%	31%
HIV/AIDS	17%	11%	11%	12%
Sexually transmitted diseases (non-HIV)	17%	14%	14%	12%
Abortion	11%	6%	6%	—
Emergency contraception	3%	1%	1%	—

*Note: Totals may exceed 100% due to multiple mentions of sexual health topics in a single article.*

Also as with the main focus of sexual health articles, Spanish-language magazines were most likely to mention pregnancy in their sexual health and sexual activity coverage, and English-language and bilingual magazines were most likely to mention contraception. Unlike the main focus of articles, English-language and bilingual magazines were not more likely to mention HIV/AIDS or STDs in their coverage than their Spanish-language counterparts.

Because a concern of health and mass communication researchers is media coverage of sex without a discussion of its potential health consequences, we also examined the percentage of articles focused on sexual activity that *mentioned* sexual health topics. Sexual activity and sexual health articles combined were most likely to mention pregnancy (54%), both planned (42%) and unintended (21%), out of all sexual health topics. (Note that the unintended and planned pregnancy figures do not equal the total pregnancy figure, because some articles mentioned both topics.) The next most frequently mentioned topic was contraception, followed HIV/AIDS and other STDs. The only statistically significant difference between mentions of sexual health topics in teen and women's magazines was that teen magazines were more likely to mention STDs.

Abortion and emergency contraception received very little attention in sexual health coverage. These findings are similar to the results of the general market magazine study conducted by the Kaiser Family Foundation in 1997. That study found that abortion and emergency contraception were the focus of seven percent and zero percent of sexual health articles, and mentioned in just nine percent and one percent of all sexual health and sexual activity coverage. Similarly, this study found that abortion and emergency contraception were the focus of the six percent and one percent of sexual health articles in Latino-oriented magazines, and were mentioned in six percent and one percent of all sexual health and sexual activity coverage.

When sexual activity articles are analyzed alone for mentions of sexual health, they appear more likely to discuss contraception (15%) than any other sexual health topic. The next most frequently mentioned topics in these articles were STDs other than HIV (12%), pregnancy (10%), and HIV/AIDS (7%). Abortion was mentioned in two percent of all sexual activity articles, and emergency contraception was never mentioned.

The following discussion of the coverage of each major topic provides a more in-depth profile of what was included in sexual health coverage. Because the sample size for sexual health articles in English-language and bilingual magazines was so small, differences between this genre and Spanish-language magazines were statistically insignificant. As the newer English-language and bilingual magazines grow and evolve, we expect that comparisons with Spanish-language publications will be more relevant. For the purposes of this baseline study, we discuss differences between these two genres only for the major sexual health topic categories.

## Coverage of Pregnancy

At 44 percent of sexual health articles, coverage of pregnancy was the *main focus* of more magazine articles than any other topic, with planned pregnancy mentioned more than five times more often than unintended pregnancy. Tables 4 and 5 describe the specific topics covered in articles focusing on and mentioning planned pregnancy and unintended pregnancy, respectively.

When planned pregnancy was mentioned in a sexual health or sexual activity article, “the basics” about pregnancy were the more likely to be covered than any other topic: preconception or prenatal care, postnatal care, and childbirth and delivery. Health risks associated with pregnancy, and emotional and social consequences of pregnancy also received some coverage.

**Table 4: Mentions of Planned Pregnancy and Related Topics**

<b>Planned pregnancy and related topics</b>	<b>% of sexual health articles focusing on planned pregnancy (n=55)</b>	<b>% of sexual health and sexual activity articles mentioning planned pregnancy (n=95)</b>
Planned pregnancy	100%	58%
Preconception and/or prenatal care	49%	30%
Birth/delivery	44%	30%
Postnatal care	18%	12%
Miscarriage	—	1%
Abortion	—	2%
Health risks	20%	13%
Access issues (where to get care, language barriers, etc.)	—	—
Emotional consequences	11%	7%
Social consequences	7%	7%
Financial consequences	2%	2%

**Table 5: Mentions of Unintended Pregnancy and Related Topics**

<b>Unintended pregnancy and related topics</b>	<b>% of sexual health articles focusing on unintended pregnancy (n=9)</b>	<b>% of sexual health and sexual activity articles mentioning unintended pregnancy (n=95)</b>
Unintended pregnancy	100%	10%
Pregnancy false alarm/"scare"	11%	1%
Pregnancy tests	33%	3%
Prenatal care	22%	8%
Birth/delivery	44%	12%
Postnatal care	—	—
Miscarriage	11%	1%
Abortion	33%	13%
Adoption	22%	3%
Health risks	11%	4%
Likelihood of unintended pregnancy	11%	12%
Access issues (where to get care, language barriers, etc.)	—	—
Emotional consequences	67%	19%
Social consequences	78%	16%
Financial consequences	33%	5%

Articles that focused on or mentioned unintended pregnancy were much more likely to deal with the emotional and social consequences of a pregnancy. Miscarriage and

abortion were not mentioned in articles focusing on planned pregnancy, but they were included—along with adoption—in one-tenth to a third of articles focusing on unintended pregnancy.

Unintended pregnancy was a topic of greater focus and mention in teen magazines than in women’s magazines (as a percentage of overall sexual health coverage). It is interesting that within women’s magazines, the “before sex,” planning-oriented subject of contraception received the most mentions in sexual health articles, but in teen magazines, the “after sex” consequences of *not* planning received greater attention (as a percent of coverage).

## Coverage of Contraception

After pregnancy, the topic most likely to be the focus of sexual health articles in Latino-oriented magazines was contraception. The methods receiving the most likely to be discussed in sexual health articles focusing on contraception were birth control pills (53 percent of contraceptive coverage); condoms (37 percent); the diaphragm, cervical cap, and/or sponge (30 percent); and spermicides (20 percent), as Table 6 shows. Despite the prominent role the Catholic Church plays in Latino culture, the rhythm method and natural family planning did not receive any mention in contraception articles.

**Table 6: Mentions of Specific Methods of Contraception**

Specific contraceptive method	% of sexual health articles focusing on contraception (n=30)	% of sexual health and sexual activity articles mentioning contraception (n=74)
Birth control pills	53%	41%
Condoms	37%	39%
Norplant implants	3%	3%
Depo-Provera shots	7%	4%
Diaphragm, cervical cap, or sponge	30%	20%
IUD	13%	12%
Spermicides	20%	22%
Tubal ligation	7%	8%
Vasectomy	3%	5%
Rhythm method/natural family planning	—	8%
Withdrawal	3%	4%
Abstinence	3%	8%
Other (including breast feeding)	7%	7%

As Table 7 displays, the health benefits and/or positive side effects of contraception were slightly more likely to be discussed than contraceptive health risks or negative side effects. The effectiveness or ineffectiveness of contraceptive methods was mentioned in a third of sexual health articles focusing on contraception, and almost a quarter of all sexual health or sexual activity articles mentioned contraception. There were no significant differences in the ways in which women's and teen magazines mentioned contraception in their sexual health and sexual activity coverage.

**Table 7: Mentions of Contraception-Related Topics**

Contraception-related topics	% of sexual health articles focusing on contraception (n=30)	% of sexual health and sexual activity articles mentioning contraception (n=74)
Health benefits & positive side effects	40%	24%
Health risks & negative side effects	37%	23%
Effectiveness/ineffectiveness	33%	24%
Legislative/judicial policy	—	
Access issues (where to get care, language barriers, etc.)	3%	4%
Emotional consequences	7%	7%
Social consequences	7%	8%
Financial consequences	—	3%
Female responsibility	13%	14%
Male responsibility	—	4%
Familial responsibility*	—	4%

\* includes responsibility by members of extended family, e.g., godparents. For teens, also includes parental responsibility for teen's contraception.

## Coverage of HIV/AIDS

One in seven of all sexual health articles in Latino-oriented magazines focused on HIV/AIDS. Table 8 provides more detail on the types of topics covered in HIV/AIDS articles.

The subtopic most often mentioned was sexual transmission of HIV/AIDS, in 38 percent of sexual health articles focused on HIV/AIDS and in almost half (49%) of all sexual health or sexual activity articles mentioning HIV/AIDS. Almost a quarter of articles focusing on HIV/AIDS included discussion of testing, and an equal percentage discussed the social consequences of HIV/AIDS. The risk of contracting HIV/AIDS and/or HIV/AIDS rates were outlined in 19 percent and treatment options in 14 percent of sexual health articles focused on HIV/AIDS. Methods of preventing HIV also



some attention, but less so, with education (14%) most often mentioned, followed by condoms and/or spermicides (10%), and abstinence (5%).

Sexual health coverage in women's magazines *focused* on HIV/AIDS slightly more often than it did in teen magazines, just as sexual health and sexual activity articles in women's magazines were slightly more likely to make *mention* of HIV/AIDS than they were in teen magazines.

**Table 8: Mentions of HIV/AIDS-Related Topics**

HIV/AIDS-related topics	% of sexual health articles focusing on HIV/AIDS (n=21)	% of sexual health and sexual activity articles mentioning HIV/AIDS (n=37)
Sexual transmission	38%	49%
Non-sexual transmission	5%	8%
Condoms and/or spermicides as prevention	10%	14%
Abstinence as prevention	5%	3%
Education as prevention	14%	14%
Testing	24%	19%
Treatment	14%	8%
Legislative/judicial policy	5%	5%
Rates/risks of infection	19%	16%
Access issues (where to get care, language barriers, etc.)	10%	5%
Emotional consequences	14%	11%
Social consequences	24%	14%
Financial consequences	10%	5%
Female responsibility	—	5%
Male responsibility	—	3%
Familial responsibility*	—	—

\*\* includes responsibility by members of extended family, e.g., godparents. For teens, also includes parental responsibility for prevention/treatment of teen's STDs

## Coverage of Sexually Transmitted Diseases (other than HIV/AIDS)

The next most frequently covered main topic in Latino-oriented magazines was sexually transmitted diseases (STDs) other than HIV/AIDS—even though for most Americans, including Latinos, their risk of contracting an STD other than HIV/AIDS is far



greater than their risk of contracting HIV/AIDS (Kaiser Family Foundation STD Fact Sheet). Tables 9 and 10 provide more detail about STD coverage.

**Table 9: Mentions of Specific Sexually Transmitted Diseases (STDs) Other than HIV/AIDS**

Specific STDs other than HIV/AIDS	% of sexual health articles focusing on STDs (n=12)	% of sexual health and sexual activity articles mentioning STDs (n=46)
Chlamydia	42%	15%
Genital herpes	25%	15%
Gonorrhea	25%	13%
Hepatitis B	8%	2%
HPV or genital warts	33%	13%
Pelvic inflammatory disease (PID)	17%	4%
Syphilis	25%	17%
Trichomoniasis	17%	4%
Non-specific STD	42%	44%

The specific STDs other than HIV/AIDS most often mentioned were: chlamydia (42%); HPV or genital warts (33%); gonorrhea (25%), and genital herpes (25%). Hepatitis B received the least coverage of the specific sexually transmitted diseases for which we coded.

Two key areas of STD coverage were transmission and treatment of the diseases, at 58 percent each of sexual health articles focusing on STDs. Discussed in one-quarter of the STD articles were STD rates and risk of infection, the health consequences, and one's increased susceptibility to HIV from having a STD. Specific mentions of prevention received far less coverage than these other topics, at 8 percent of STD-focused articles and one-fifth of sexual health or sexual activity articles mentioning STDs.

Teen magazines were more apt to mention STDs but less inclined to provide any details. A partial explanation is that a large proportion of teen magazines' sexual health coverage appears in advice columns, which are quite short and therefore do not include much detail. Advice columns often reminded teens about the risks of sexually transmitted diseases, but because of space limitations, did not discuss specific diseases, symptoms, or treatment.

**Table 10: Mentions of STD-Related Topics**

STD-related topics	% of sexual health articles focusing on STDs (n=12 )	% of sexual health and sexual activity articles mentioning STDs (n=46)
Transmission	58%	44%
Symptoms	33%	13%
Treatment	58%	17%
Prevention	8%	20%
Enhancement of HIV risk	25%	17%
Health consequences	25%	13%
STD rates/risk of infection	25%	9%
Access issues (where to get care, language barriers, etc.)	—	—
Emotional consequences	8%	7%
Social consequences	8%	2%
Financial consequences	—	—
Female responsibility	17%	7%
Male responsibility	17%	4%
Familial responsibility*	—	—

\* includes responsibility by members of extended family, e.g., godparents. For teens, also includes parental responsibility for prevention/treatment of teen's STDs.

## Coverage of Abortion

It was hypothesized that coverage of abortion, along with emergency contraception, which is discussed in the next section, would receive little attention in Latino-oriented magazines, just as those topics receive little coverage in general market magazines. As mentioned earlier, a comprehensive Kaiser Family Foundation study of general market magazines' sexual health content found little coverage of either abortion or emergency contraception.

One reason that is sometimes cited is the perceived sensitivity to these topics among advertisers and readers. The expectation of little coverage was supported, in that abortion was the main topic in only six percent of sexual health articles (five articles total) and mentioned in six percent of all sexual health and sexual activity articles.

As Table 11 shows, because the number of abortion articles was so low to begin with, most subtopics received little coverage. Non-surgical abortion methods such as RU-486 and the health risks associated with abortion received the most coverage in articles focused on abortion. Personal decision-making about abortion and legislative or judicial

policy considerations were included in more than a third of the articles. The emotional consequences associated with abortion were included in one quarter of the stories, or two stories. As a percentage of coverage, access issues received more attention in abortion-focused articles than in articles on any other major topic, such as pregnancy, contraception, HIV/AIDS, STDs, or emergency contraception.

**Table 11: Mentions of Abortion-Related Topics**

Abortion-related topics	% of sexual health articles focusing on abortion (n=8)	% of sexual health and sexual activity articles mentioning abortion (n=19)
Surgical abortion	13%	11%
Non-surgical abortion (e.g., methotrexate, RU-486)	63%	32%
Late-term abortion	—	—
Clinic violence	—	—
Legislative/judicial policy	38%	21%
Health risks	50%	37%
Health benefits	13%	5%
Access issues (where to get care, language barriers, etc.)	13%	11%
Decision-making	38%	42%
Emotional consequences	25%	32%
Social consequences	13%	21%
Financial consequences	13%	16%
Female responsibility	13%	16%
Male responsibility	13%	5%
Familial responsibility*	13%	11%
Abortion as murder	—	5%

*Includes responsibility by members of extended family, e.g., godparents. For teens, also includes parental responsibility for whether a teen has an abortion.*

Absent from the abortion-focused articles were coverage of late-term abortions and clinic violence. This probably is due to the feature-oriented focus of these magazines (versus news magazines), their longer lead-times, and the international—rather than U.S.—target audience of some of the magazines. As a proportion of sexual health coverage, Latino teen magazines were more apt to focus on abortion than were Latino women's magazines, and teen magazines were more likely to mention abortion in their coverage of sexual health and sexual activity.

## Coverage of Emergency Contraception

Emergency contraception, the use of high doses of birth control pills or an IUD after sexual intercourse to prevent pregnancy, has been called the nation's "best-kept secret." It was the main subject of only one article, or one percent of Latino-oriented magazine sexual health articles in this sample. In addition, emergency contraception was mentioned in one percent of all articles on sexual health or sexual activity. These results were not surprising, given the results of previous studies of general market magazines (Kaiser Family Foundation, 1997), and the relatively low knowledge level among the general public regarding emergency contraception and its availability (Kaiser Family Foundation, December 1997).

## Coverage of Multiple Topics

As Table 2 demonstrated, a few articles had relatively equal treatment of more than one main topic, and were coded as "multiple topic." Coders were cautioned to use this category sparingly. Four percent of all sexual health content was designated as focusing on multiple topics. However, within the articles, all mentions of specific topics (contraception, HIV/AIDS, etc.) or subtopics (planned pregnancy emotional consequences, RU-486, hepatitis B, etc.) were coded.

## Latino-relevant Barriers, Responsibilities and Consequences

Latinos disproportionately experience certain barriers to health care, such as not having health insurance coverage, not understanding the language or not being understood, not having easily accessible health care services, and experiencing difficulty getting transportation and childcare. Sexual health content was analyzed for mention of these Latino-relevant barriers to health care, defined broadly as "access issues."

The issue of language was defined as discussion of whether patients can understand the health practitioner and his/her instructions (or vice versa), use of children as interpreters, and other language-oriented topics. Availability of health care services was included as an access issue because some Latinos live in rural areas, where health care services can be scarce. Some Latinos have problems gaining access to health care because they have no transportation to the health provider, no telephone to make appointments, or available childcare to ensure private and thorough exams, so these top-

ics were coded as access issues. Another barrier to health care for some Latinas is male partners or parents who oppose them receiving health care services from male providers, so this was also included. Although Latino access issues were defined broadly, as described above, they were included in just three percent of all sexual health articles in Latino-oriented magazines.

Sexual health articles in Latino-oriented magazines were somewhat likely to discuss Latino-relevant social/lifestyle and emotional consequences of sexual health issues (16% for both). The articles were less likely to discuss Latino-relevant financial consequences or costs associated with sexual health issues (6%), female responsibility (8%), male responsibility (3%), or family responsibility (2%) for these issues. (See Table 12.)

**Table 12: Mentions of Latino-relevant Barriers, Responsibilities, and Consequences in Sexual Health Coverage**

Issue	% of sexual health articles (n=144)
Access issues (where to get care, and language, transportation, childcare barriers)	3%
Emotional consequences	16%
Social consequences	16%
Financial consequences	6%
Female responsibility	8%
Male responsibility	3%
Familial responsibility	2%

Five percent of all sexual health articles in Latino-oriented magazines mentioned *curanderismo* or folk remedies associated with sexual health (See Table 13). Folk methods were mentioned most often in the context of contraception (in 4 articles), although they were also mentioned in three articles on planned pregnancy and in two articles on abortion. *Curanderismo* was also mentioned in one article on emergency contraception and another on unplanned pregnancy.

*Curanderismo*, or folk remedies, was defined as including one or more of the following:

- Spiritual remedies, including candles lit to deity(ies) or saints, talismans, or special prayers;
- Herbal or non-pharmaceutical liquids or solids ingested, breathed, or spread on body part(s);

- Other manipulations of the body not consistent with standard physical therapy practices. (May be combined with one of the first two practices; for example, a *so-badora* may massage body parts.)

Examples of folk or cultural remedies provided to the coders included prayers that an unborn child will be a boy, douching with lemon juice or cola after intercourse to try to prevent pregnancy or a STD; or herbs eaten to reduce the possibility of birth defects.

**Table 13: Mentions of Folk or Cultural Remedies in Sexual Health Coverage**

Topic	% of sexual health articles (n=144)
Contraception	3%
Emergency contraception	—
Planned pregnancy	2%
Unintended pregnancy	—
Abortion	1%
Sexually transmitted diseases (non-HIV)	—
HIV/AIDS	—

## Factors as Causes or Solutions of Sexual Health Problems, Including Latino Cultural Norms/Values

One important element in improving health habits or health status is individual behavior. As the section on self-efficacy below concurs, Latino-oriented magazines frequently alluded to the reader's own behavior in their coverage of sexual health issues. In addition, individual behavior was discussed most often as a cause and/or solution of sexual health problems; it was mentioned in more than two-thirds of all sexual health articles, as outlined in Table 14. Health professionals—the “experts”—were mentioned second most often, in more than one-third of all sexual health articles. Science or technology was cited as a cause or solution in almost one-quarter of articles, and communication with sexual partners was discussed in another quarter of articles.

Given how frequently Latino-oriented magazines covered the topic of pregnancy, it is not surprising to find that *marianismo*, or placing a high value on motherhood, was the cultural value most often mentioned in discussions of causes or solutions of sexual health problems. The Latino orientation toward family, *familismo*, was evident in one in seven articles' discussion of causes and solutions, which is also compatible with the magazines' frequent coverage of pregnancy.

**Table 14: Factors as Causes or Solutions of Sexual Health Problems in Sexual Health Coverage**

Factors mentioned	% of sexual health articles (n=144)
Individual behavior	69%
Communication with partner	28%
Government policy/agencies	6%
Health professionals	38%
Science or technology	23%
Schools/education	1%
Church/religion	4%
Other social entities	2%
Families or family orientation ( <i>familismo</i> )	14%
<i>Machismo</i>	2%
Motherhood ( <i>marianismo</i> )	34%
<i>Personalismo</i> and/or <i>respeto</i>	7%

\* *Personalismo* means harmonious relations with others; *respeto* means personal respect. Note: Totals exceed 100% due to multiple mentions in a single article.

Despite the purported role of *machismo* in Latino culture and its role in sexual health (Sonnenstein & Stryker, 1997), only two percent of all sexual health articles mentioned *machismo* as a cause or solution of sexual health problems. Supporting this finding is the infrequency with which “male responsibility” was discussed in sexual health articles. Although this variable was coded for in regard to all articles focused on contraception (Table 7), HIV/AIDS (Table 8), other STDs (Table 10), and abortion (Table 11), male responsibility was discussed only in articles focused on STDs (17%) and abortion (13%). These findings are consistent with the infrequent coverage of male responsibility reported in the Kaiser Family Foundation general market magazine sexual health study.

Teen magazines’ coverage of the causes or solutions of sexual problems differed from that of women’s magazines in that they were more likely to discuss *personalismo* or *respeto*, although these two cultural values were discussed in only seven percent of all sexual health articles in the total sample.

## Coverage of Self-Efficacy

Another research interest was self-efficacy, because of its role in social learning from media and its importance in health behavior. Despite Latino cultural beliefs in fatalism and the lower emphasis put on the role of the individual versus the role of the Latino

collective, Latino-oriented magazines portrayed sexual health topics with a high degree of self-efficacy, with more than half (53%) discussing some measure of individual control (Table 15). Conversely, 11 percent discussed some other form of external control, such as one's parent or spouse, and nine percent discussed a form of non-human control, such as "God," "nature," "fate," or "destiny." Slightly more than a quarter of all sexual health articles made no mention of efficacy.

**Table 15: Discussion of Self-Efficacy in Sexual Health Coverage**

Discussion of self-efficacy	% of sexual health articles (n=144)
Self-efficacy	53%
External control	11%
No human control	9%
No discussion	27%
Total	100%

## Tone

The overall tone of sexual health coverage in Latino-oriented magazines was typically positive (49%) or neutral (48%), with only eleven articles characterized as negative (8%) (Table 16). Furthermore, in some cases, these negative articles could be considered positive, such as a very negative advice column about sexual activity among teens.

**Table 16: Overall Tone of Sexual Health Coverage**

Overall tone	% of sexual health articles (n=144)
Positive	49%
Negative	8%
Neutral	43%
Total	100%

## Discussion of Impact on Various Groups

The groups most often discussed in sexual health articles as "impacted" by sexual health issues are consistent with the fact that the majority of the magazines in the study were women's magazines (Table 17). Almost two-thirds of all articles' discussion of impact dealt with women, while men were mentioned in 17 percent of articles, and teen girls



and teen boys mentioned less often. The reader herself (or himself) was directly discussed in 21 percent of sexual health articles. Latinos were discussed as impacted by sexual health issues (or a subgroup of Latinos, such as Mexican-Americans or Dominicans) in only three percent of all sexual health coverage. However, since the majority of magazines were Spanish-language publications, the assumption by the editors was probably that the reader was Latino, and the writers may have felt no obligation to address them specifically.

**Table 17: Impact on Various Groups in Sexual Health Coverage**

Groups impacted	% of sexual health articles (n=144)
Women in general	61%
Men in general	17%
Teenage girls	8%
Teenage boys	2%
Latinos*	3%
Self—the reader	21%

\*Percentage of articles that discussed information specifically relevant for Latinos.

Note: Totals exceed 100% because of multiple mentions within a single article.

## Referrals for More Information

**Table 18: Referrals for More Information in Sexual Health Coverage**

Referrals	% of sexual health articles (n=144)
Expert organization (with phone/address)	7%
Bibliographic/printed materials	4%
Websites or online news groups	1%
Medical, non-specific (e.g., “ask your doctor”)	13%
Family member (e.g., parent, godparent, family in general)	3%
Clergy member (priest, minister)	1%
Other mentor (non-family member, e.g., “discuss with your counselor”)	-
Other referral	1%

In addition to providing sexual health information, some articles gave readers referrals for additional information. As Table 18 displays, the referral most often cited in magazine sexual health coverage was a general recommendation of “ask your medical/health professional,” in 13 percent of all articles. An expert organization, with either its tele-

phone number or address, was offered in seven percent of articles. Specific printed materials (such as brochures, bibliographies of topic-specific articles, or reports) were mentioned in very few articles (4%). Growing health information tools—websites and/or online news groups—were cited in just one percent of articles. (This may change with the addition of more websites, including magazines' own websites, such as that of *Latina* magazine.)

## Type of Coverage

Not surprising for magazines, more than half of sexual health articles were feature-oriented (Table 19). Twenty percent of the items were in question-and-answer or advice columns, which were popular formats in teen magazines and some of the women's magazines, but absent from other publications in the sample. About one in six articles were news mentions (17%). These tended to include science and technology-related information briefs about sexual health or short items about newly released health, medical, or social science studies related to sexual health.

**Table 19: Type of Coverage of Sexual Health Topics**

Type of coverage	% of sexual health articles (n=144)
Feature	51%
Q&A/advice	20%
News mention	17%
Column	4%
Editorial	-
Letter to the editor	4%
Other	4%
Total	100%

## Sources

Sexual health articles averaged approximately one source per article. Suitably, medical or public health experts were most often cited, averaging 0.55 per article. "Persons on the street" were three times more likely to be cited than non-medical experts or organizations (0.33 versus 0.11 per article). Some magazines tended to use personal anecdotes and "persons on the street" with great regularity, others used them more sparingly, or mostly in conjunction with medical or other experts. Although not an entirely accurate measure of whether a source was Latino, people with Spanish surnames

and people affiliated with a Latino organization were coded as “Latino” sources. Coded as such, fewer than half of all sources were Latino, and those who were Latino were much more likely to be a “person on the street” than an expert.

**Table 20: Sources in Sexual Health Coverage**

Sources quoted/cited	Number of sources quoted/ cited per sexual health article (n=148)*	Number of Latino sources per article (n=60)**
Medical/public health experts or organizations	.55	.13
Non-medical experts or organizations	.11	.06
“Person on the street”	.33	.21
Other sources (e.g., celebrities)	.04	.03

Expert organizations mentioned	% of sexual health articles (n=144)
Centers for Disease Control	4%
Planned Parenthood	
National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)	1%
National Council of La Raza	—
National Hispanic Medical Association	
National Latina Health Organization	1%
National Latina Institute for Reproductive Health	—
Other organization (e.g., foundations, universities)	17%

\*There were 148 sources mentioned in 144 coded articles

\*\*Latino Sources were coded by surname, with a total of 60 Latino sources in the 144 coded articles.

## Writers

Latino-oriented magazines, especially those produced by Editorial Televisa and/or produced for an international readership often did not list bylines for individual writers. This may reflect an orientation toward the collective, versus the Anglo-oriented “cult of the individual,” or it may merely reflect the current staffing at the magazines, and frequent use of wire services, other organizations’ press releases, and other input. Given that the 1997 Kaiser Family Foundation study of general market magazines had similar findings, it is most likely a combination of those factors.

As Table 21 demonstrates, coders found no mention of the author, or the author's credentials, in almost half of sexual health articles. (This compares to a range of 31 percent to 76 percent in teen, women's, and men's magazines in the 1997 general market study.) Approximately a third of the writers were identified as staff writers. Eight percent of authors had titles that identified them as medical or public health experts (e.g., a M.D., Ph.D. in public health, etc.). Other specialists (e.g., social worker, sex therapist) were identified as authors of one percent of articles. Celebrities, such as celebrated Latina novelists, wrote another one percent of articles.

**Table 21: Credentials of Writers Associated with Sexual Health Coverage**

Type of writer	% of sexual health articles (n=144)
Medical/public health expert	8%
Other specialist	1%
Medical writer/health writer	—
Celebrity writer	1%
"Person on the street"	6%
Staff writer	32%
Freelancer	2%
Other	1%
Can't tell/No description	49%
Total	100%

## Men's Magazine Coverage

Only one men's magazine met the sample criteria for inclusion in the study: *Men's Health en Español*. In twelve monthly issues, *Men's Health* had 23 sexual health items or articles, or roughly two sexual health items per issue. The average number of words devoted to sexual health in *Men's Health* was 1,196 per issue. In comparison, sexual activity was the focus of almost two times as much coverage—43 articles—with nearly 4 items per issue and an estimated 3,755 words per issue devoted to the topic. Health topics other than sexual health were the focus of 150 articles, or roughly 13 items per issue. About 5,500 words per issue were devoted to these other health topics, totaling 15% of all editorial content in the 12-month sample of *Men's Health*.

### Sexual Health Topics as a Major Focus

The focus of sexual health articles in *Men's Health* differed slightly from those in the women's and teen magazines. The topic which generated the most sexual health coverage (as a main focus) was HIV/AIDS, with 10 articles out of 23 total sexual health articles, followed by contraception with 8 articles. Sexually transmitted diseases other than HIV/AIDS, as a major topic, comprised 3 articles. Although pregnancy was the most popular main focus of sexual health coverage in the women's and teen magazines, planned pregnancy was the focus of just 3 articles and unintended pregnancy was not the main focus of *any* sexual health article in *Men's Health*. None of the articles had a main focus of emergency contraception and abortion, remaining, as they were in women's and teen magazines, "best-kept" secrets in journalism. None of the sexual health articles in *Men's Health* was coded as concentrating on multiple sexual health topics.

Within sexual health articles, the HIV/AIDS subtopics receiving the most attention were sexual transmission (4 articles out of 23 sexual health articles), non-sexual transmission (2 articles), testing (4 articles), treatment (4 articles), abstinence as prevention (3 articles), education as prevention (3 articles), and condoms and/or spermicides as prevention (1 article). Other HIV/AIDS subtopics included female responsibility for prevention (2 articles), male responsibility for prevention (2 articles), and HIV/AIDS financial consequences or costs (1 article).

Specific methods of contraception receiving some mention were condoms (9 articles out of 23 sexual health articles), vasectomy (3 articles), abstinence (3 articles), birth control pills (3 articles), and spermicides (2 articles). The diaphragm, IUD, Norplant implants, rhythm method, tubal ligation, and withdrawal were each mentioned in one

article. Other contraception subtopics discussed included contraceptive effectiveness or ineffectiveness (4 articles) and female responsibility for contraception (3 articles). Male responsibility for contraception (2 articles), health risks and negative side effects of contraception (2 articles), health benefits and positive side effects of contraception (1 article), and emotional consequences or reactions to contraception (1 article) were discussed less frequently.

Planned pregnancy subtopics receiving some coverage included prenatal care (2 articles) and birth and delivery (1 article).

The two specific sexually transmitted diseases mentioned in more than one sexual health article included gonorrhea (3 articles) and syphilis (2 articles). All other specific STDs mentioned in sexual health coverage were mentioned only once: chlamydia, hepatitis, genital herpes, and HPV or genital warts. Other issues related to STDs included discussions of the consequences of STDs (4 articles), STD prevention and transmission (3 articles), symptoms (2 articles), and STD rates in the population (2 articles). Other subtopics mentioned in just one article include social consequences of having STDs, STD treatment, male and female responsibility for preventing STDs, and increased susceptibility to HIV from having a STD.

The only major topic article (HIV/AIDS, contraception, planned pregnancy, STDs) that discussed Latino relevance was one article that included mention of the HIV/AIDS rates among Latinos in the population. Among all sexual health articles, impact of sexual health on Latinos was mentioned once, and one Latino website was listed.

In addition to the Latino website, other referrals included expert organizations and their phone numbers or addresses (1 article out of 23 sexual health articles), medical non-specific (2 articles), and printed materials such as bibliographies, brochures, or reports (1 article). There were no referrals to clergy or family members.

As in the larger sample of Latino women's and teen magazines, the factors most frequently cited in causes and solutions of sexual health problems were individual behavior (16 articles), communication with sexual partners (4 articles), and health professionals (3 articles). Other factors included in sexual health coverage were science and/or technology (2 articles) and *respeto* (1 article). *Machismo*, *marianismo*, *familism*, government, religion, and schools received no mentions. Impact on men in general was discussed in 65 percent, or 15 sexual health articles, with impact on women in general mentioned almost as often (61%, or 14 articles). Impact on teenagers was not specifically mentioned in any of the *Men's Health en Español* sexual health articles.

Discussions of coping or control credited individual self-efficacy in 11 of the 23 sexual health articles, external individuals or institutions in two articles, and no human control (fate, luck, nature, God) in two articles. Eight of the 23 articles had no discussion of self-efficacy.

Sources mentioned included ten medical/public health experts (0.44 per article) and one non-medical expert (0.04 per article). One Spanish-surnamed medical expert was named.

None of the sexual health articles were main cover stories, but three articles were mentioned on the magazine cover. Sixteen articles were feature items, two were in a question-and-answer format, and five were news mentions. Staff writers appeared to write six of the sexual health articles and the writer's identity and/or affiliation was not clear in the remaining 17 articles.

Articles where the primary focus was sexual activity were then added to the dataset, in order to review the discussion of sexual health issues in the context of sexuality articles, as well. Within this group of 66 sexual health and sexual activity articles, sexual activity was the focus of 65 percent of the items, and sexual health (HIV/AIDS, contraception, planned pregnancy, STDs) was the focus of 35 percent.

Within this larger data set, unintended pregnancy, emergency contraception, and abortion not only remained missing as *major topics* but were not mentioned *at all* in a year's sample of sexual activity and sexual health coverage. HIV/AIDS was mentioned in 20 percent of all sexual health and sexual activity coverage, contraception in 18 percent, STDs in 12 percent, and planned pregnancy in five percent. Many of the sexual activity articles did not mention any sexual health topics at all. Medical/health sources and other sources were more likely to be included when the focus of the article was sexual activity.

# Discussion

## Sexual Health Coverage: Quantity and Topics

Latino-oriented magazine coverage of sexual health comprises roughly one percent of overall coverage, whether measured in word counts or space. Of course, among the various magazines, coverage varied widely depending on the editorial mission of the magazine. Sexual health comprised about one-fourth of total health coverage. Sexual activity received more attention than sexual health. Pregnancy was a popular topic and ending pregnancy a pariah topic.

## Latino Sexual Health Coverage and Other Magazine Sexual Health Coverage

Findings about sexual health coverage in Latino-oriented magazines were not very different from general market magazine conclusions (Kaiser Family Foundation, 1997). Sexual health topics that were most frequently covered in women's, men's, and teen general market magazines tended to be most covered in Latino-oriented magazines. These included pregnancy, contraception, HIV/AIDS, and other STDs. The gritty subjects of emergency contraception and abortion were mostly missing from Latino-oriented magazines, parallel to the lack of coverage they received in general market magazines.

One reason for these findings is that the Latino sample contained magazines that were mostly Spanish-language translations of their English-language counterparts. Others had Spanish-language versions that were different from English-language editions distributed in the United States, but may have reflected the editorial orientation of the other publications in the corporate family. Although some of the new English-language and bilingual publications are being published by Latino entrepreneurs and/or Latino organizations, the majority of Latino publications in this sample are published by long-standing media corporations. Industry norms, lack of information among magazine writers, sensitivities to advertisers, and perhaps even concerns violence waged by anti-family planning or anti-abortion activists may affect coverage of these topics.



## How Latino Relevant is Latino Sexual Health Content?

Countless studies of film, newsreels, newspaper, and television have found that Latino images and reference to Latinos are mostly absent from general market news and entertainment media. Although this Latino-oriented magazine study did not examine images, examinations of mentions of Spanish-surnamed or Latino-affiliated sources, referrals extended to Latino organizations, and the delineation of Latino relevance within discussions of specific sexual health topics found Latinos largely absent. As mentioned earlier, one reason for not mentioning the impact of sexual health topics on Latinos may be that the editors assume that the readers are Latinos, and therefore do not need to be addressed specifically *as* Latinos. However, medical and public health research would lead us to conclude that inclusion of Latino-oriented statistics would be more salient for readers—ultimately increasing the possibility of changes in health behavior and improved health outcomes. Latino readers may perceive Latino organizations mentioned as referrals as more credible, just as they may perceive Latino sources as more credible. Expanding their number of Latino or Latino-linked sources presents an opportunity for magazine journalists.

One special Latino health consideration is access. Although access varies by location and Latino subgroup, acknowledgement of special health care access considerations or general tips for overcoming barriers to access were mostly nonexistent. In addition, many health providers are attempting to incorporate understanding of *curanderismo* and other folk medicine practices into patient-provider dialogues for better health outcomes, but most magazines did not incorporate these topics into many sexual health discussions. Magazine journalists may want to explore these topics in the future.

Unlike Spanish-language community newspapers or local market radio stations, the Latino-oriented magazines in this study had to appeal to a wider national or international audience. This may be one reason why the magazines were more likely to present westernized values like science and technology as causes and solutions of sexual health problems, rather than traditional Latino cultural values. Global media are more likely to portray techno-individualistic values than the warmer and more spiritual family values of traditional Latino culture.

New U.S.-based Latino-oriented magazines have been open about their target market—younger, more affluent Latinos. And while subscription and newsstand prices of most magazines in the sample were very inexpensive in relation to U.S. average salaries, one-third of U.S. Latinos still earn poverty-level wages. Outside of the United States, the magazine prices can be quite high in relation to average wages in most Latin American countries, and it makes sense that these international publications appeal mostly to up-

per middle class and wealthy Latin Americans. In addition, literacy is still a concern for some U.S. subgroups and for many developing Latin American countries.

In summary, the explosion of Latino-oriented magazines in the United States presents a opportunity to reach audiences who otherwise might not be reached with culturally relevant information and entertainment. Many of these magazines are new and still paving their editorial paths. Surveys in the magazines showed that a number are engaged in market research in order to engage their readers in forging those roads. This baseline study was conducted while much of this magazine genre is in its nascent phase. It shows that the important perennial topic of sexual health, along with other health topics, have been planted on that path, and that Latino-oriented magazines have the opportunity to grow their garden of culturally relevant health information in the future.

# Appendix One

## Magazines in the Sample

Magazines	Frequency of publication	Estimated U.S. circulation	Main language
<b><i>Women's magazines</i></b>			
Buenhogar	monthly	26K	Spanish
Cosmopolitan en Español	monthly	36K	Spanish
Cristina la Revista	monthly	80K	Spanish
Elle	monthly	30K	Spanish
Estylo	quarterly	50K	English
Harper's Bazaar	monthly	25K	Spanish
Latina	monthly*	175K	Bilingual
Latina Bride	quarterly	new	Bilingual
Latina Style	bimonthly	150K	English
Marie Claire en Español	monthly	20K	Spanish
Moderna	quarterly	150K	Bilingual
Ser Padres	bimonthly	400K	Spanish
Vanidades	biweekly	70K	Spanish
Vogue España	monthly	25K*	Spanish
<b><i>Teen magazines</i></b>			
Eres	biweekly	50K	Spanish
Tú	bimonthly	35K	Spanish
<b><i>Men's magazines</i></b>			
Men's Health en Español	monthly	35K	Spanish

## Latino Magazine Publishers

**Condé Nast**

Vogue España

**Essence**

Latina

**Editorial Televisa**

Cristina la Revista

Eres

Tú

Vanidades

**Guner & Jahr USA Publishing**

Ser Padres

**Hachette Filipacchi Presse**

Elle

**Editorial Televisa/Hearst**

Buenhogar

Cosmopolitan en Español

Harper's Bazaar

**Hispanic Publishing Corporation**

Moderna

**Latina Style, Inc.**

Latina Style

**Editorial Televisa/Marie Claire**

Album

Marie Claire

**Mandalay Publications**

Estylo

**Editorial Televisa/Rodale**

Men's Health en Español

**THINK Publications**

Latina Bride

# Appendix Two

## Coding Guide

### Op-Scan Article Coding Sheet: Sexual Health and Sexual Activity Articles

#### *Key Players/Organizations Mentioned*

(Yes = T, No = F)

1. Kaiser Family Foundation
2. Alan Guttmacher Institute
3. Planned Parenthood
4. Centers for Disease Control and Prevention (CDC)
5. National Council of La Raza (NCLR)
6. National Latina Institute for Reproductive Health
7. National Latina Health Organization
8. National Coalition of Hispanic Health & Human Services Organization (COSSMHO)
9. National Hispanic Medical Association
10. Other

#### *Discussion/Mention of Impact On*

11. Children (< 13)
12. Teenage girls
13. Adult women
14. Single women
15. Married women
16. Divorced/separated/previously married women
17. Lesbians and/or bisexual women
18. Women in general
19. Teenage boys
20. Adult men
21. Single men
22. Married men
23. Divorced/separated/previously married men
24. Homosexual/gay men and/or bisexual men
25. Men in general
26. Latinos
27. Religious groups
28. Poor people/welfare recipients
29. Health care professions/professionals

30. Self (the reader). (Look for direct address, you)

## *Article Topics*

### **Main Topic of Article**

Mark only one of the following as Yes (T), all others No (F):

- 31. Contraception
- 32. Emergency Contraception
- 33. Planned Pregnancy
- 34. Unintended Pregnancy
- 35. Abortion
- 36. STDs (non-HIV/AIDS)
- 37. AIDS/HIV
- 38. General Sexual Activity
- 39. Multiple Sexual Health Topics (use *only* when no other category fits)
- 40. Other

### **Sexual Health Subtopics and Mentions in Articles**

#### **Contraception**

- 41. Birth control pills/oral contraceptives
- 42. Condoms
- 43. Norplant implants
- 44. Depo-Provera shots
- 45. Diaphragm, cervical cap, and/or sponge
- 46. IUD
- 47. Rhythm method/natural family planning
- 48. Withdrawal
- 49. Abstinence
- 50. Spermicides (includes foam, suppositories, jellies, creams)
- 51. Vasectomy
- 52. Tubal ligation/female sterilization
- 53. Folk or cultural remedies
- 54. Latino Relevance: Folk or cultural remedies
- 55. Other methods (e.g., lactational amenorrhea -- breast-feeding contraception)
- 56. General/non-specific use of contraception
  
- 57. Health benefits and positive side effects of contraception
- 58. Latino Relevance: Health benefits and positive side effects
- 59. Health risks and negative side effects of contraception
- 60. Latino Relevance: Health risks and negative side effects
- 61. Effectiveness/ineffectiveness of contraception
- 62. Latino Relevance: Effectiveness/ineffectiveness
- 63. Emotional consequences/reactions of use
- 64. Latino Relevance: Emotional consequences/reactions
- 65. Lifestyle/Social implications
- 66. Latino Relevance: Lifestyle/Social implications
- 67. Costs/insurance coverage of contraception
- 68. Latino Relevance: Costs/insurance coverage

69. Access issues for contraception services (where to get care, language, transportation, childcare, male physicians, etc.)
70. Latino Relevance: Access issues
71. Female responsibility for contraception
72. Latino Relevance: Female responsibility
73. Male responsibility for contraception
74. Latino Relevance: Male responsibility
75. Parental/familial responsibility for teens' contraceptive use
76. Latino Relevance: Parental/familial responsibility
77. Legislative/judicial policy regarding contraception
78. Latino Relevance: Legislative/judicial responsibility
79. Other

### **Emergency Contraception**

80. Emergency contraception pills (ECPs) or morning-after pills (i.e., high doses of birth control pills)
81. IUD as emergency contraception
82. RU-486 as emergency contraception
83. Folk or cultural remedies for emergency contraception
84. Latino Relevance: Folk or cultural remedies
85. Emergency contraception as an abortifacient
86. Access issues for emergency contraception services (where to get care, language, transportation, childcare, male physicians, etc.)
87. Latino Relevance: Access Issues
88. Health risks and negative side effects of emergency contraception use
89. Latino Relevance: Health risks and negative side effects
90. Effectiveness of emergency contraception
91. Latino Relevance: Effectiveness of emergency contraception
92. Other

### **Planned pregnancy**

93. Preconception and/or prenatal care in planned pregnancy
94. Planned pregnancy resulting in birth/delivery
95. Planned pregnancy resulting in abortion
96. Planned pregnancy resulting in miscarriage
97. Postnatal care (of mother)
98. Health risks of planned pregnancies
99. Latino Relevance: Health risks of planned
100. Emotional consequences/reactions to planned pregnancy
101. Latino Relevance: Emotional consequences/reactions
102. Lifestyle/social implications of pregnancy
103. Latino Relevance: Lifestyle/social
104. Financial implications of planned pregnancy
105. Latino Relevance: Financial
106. Access issues for planned pregnancy services (where to get care, language, transportation, childcare, male physicians, etc.)
107. Latino Relevance: Access issues
108. Folk or cultural remedies related to planned pregnancy
109. Latino Relevance: Folk or cultural remedies

### Unplanned pregnancy

- 110. Preconception and/or prenatal care in unplanned pregnancy
- 111. Unplanned pregnancy false alarm or “scare”
- 112. Pregnancy tests
- 113. Unplanned pregnancy resulting in birth/delivery
- 114. Unplanned pregnancy resulting in abortion
- 115. Unplanned pregnancy resulting in miscarriage
- 116. Unplanned pregnancy resulting in adoption
- 117. Postnatal care (of mother)
- 118. Health risks of unplanned pregnancies
- 119. Latino Relevance: Health risks of unplanned
- 120. Emotional consequences/reactions to unplanned pregnancy
- 121. Latino Relevance: Emotional consequences/reactions
- 122. Lifestyle/social implications of pregnancy
- 123. Latino Relevance: Lifestyle/social implications
- 124. Financial implications of unplanned pregnancy
- 125. Latino Relevance: Financial implications
- 126. Access issues for unplanned pregnancy services (where to get care, language, transportation, child-care, male physicians, etc.)
- 127. Latino Relevance: Access issues
- 128. Folk or cultural remedies related to unplanned pregnancy (but *not* related to aborting pregnancy)
- 129. Latino Relevance: Folk or cultural remedies
- 130. Likelihood/risk of experiencing unplanned pregnancy
- 131. Latino Relevance: Likelihood/risk of experiencing unplanned

### Infertility issues

- 132. Inability to get pregnant/female infertility
- 133. Inability to get pregnant/male infertility
- 134. Treatment of infertility and/or in vitro fertilization
- 135. Folk or cultural remedies related to infertility
- 136. Latino Relevance: Folk or cultural remedies

### Abortion

- 137. Surgical abortion
- 138. Non-surgical abortion (methotrexate, RU 486, or other)
- 139. Folk or cultural approaches to abortion
- 140. Latino Relevance: Folk or cultural approaches
- 141. Late term, partial birth, or third trimester
- 142. Abortion clinic violence
- 143. Decision-making about whether to have an abortion
- 144. Latino Relevance: Decision-making about abortion
- 145. Health risks of abortion
- 146. Latino Relevance: Health risks
- 147. Health benefits of abortion (e.g., lower risks than pregnancy/childbirth)
- 148. Latino Relevance: Health benefits
- 149. Legislative/judicial policy about abortion
- 150. Latino Relevance: Legislative/judicial policy
- 151. Emotional consequences
- 152. Latino Relevance: Emotional consequences



153. Social consequences
154. Latino Relevance: Social consequences
155. Financial cost/consequences
156. Latino Relevance: Financial cost/consequences
157. Access issues for abortion services (where to get care, language, transportation, childcare, male physicians, etc.)
158. Latino Relevance: Access issues
159. Female responsibility for decision-making
160. Latino Relevance: Female responsibility
161. Male responsibility for decision-making
162. Latino Relevance: Male responsibility
163. Parental/familial responsibility for whether teen has an abortion
164. Latino Relevance: Parental/familial responsibility
165. Abortion as murder
166. Latino Relevance: Abortion as murder
167. Other

#### **Sexually Transmitted Diseases or Infections (Non HIV/AIDS)**

168. Gonorrhea
169. Syphilis
170. Chlamydia
171. HPV/genital warts/condyloma
172. Pelvic Inflammatory Disease (PID)
173. Herpes/HSV
174. Hepatitis B/HBV
175. Trichomoniasis
176. Non-specific STD
177. Transmission of STDs
178. Symptoms of specific STDs
179. Prevention of STDs
180. Treatment of STDs
181. Health consequences of STDs (e.g., infertility, ectopic pregnancy)
182. Latino Relevance: Health consequences of STDs
183. STD rates/risk of infection
184. Latino Relevance: STD rates/risk
185. Emotional consequences
186. Latino Relevance: Emotional consequences
187. Social consequences
188. Latino Relevance: Social consequences
189. Financial costs/consequences
190. Latino Relevance: Financial costs/consequences
191. Access issues for STD services (where to get care, language, transportation, childcare, male physicians, etc.)
192. Latino Relevance: Access issues
193. Folk or cultural remedies related to STDs
194. Latino Relevance: Folk or cultural remedies
195. Female responsibility for preventing STDs
196. Latino Relevance: Female responsibility
197. Male responsibility for preventing STDs

- 198. Latino Relevance: Male responsibility
- 199. Parental/familial responsibility for teens' prevention of STDs
- 200. Latino Relevance: Parental/familial responsibility
- 201. STD enhancement of HIV risk
- 202. Other

### HIV/AIDS

- 203. Sexual transmission
- 204. Non-sexual transmission
- 205. Condoms and/or spermicides as prevention
- 206. Abstinence as prevention
- 207. Education/awareness as prevention
- 208. Other prevention methods
- 209. Testing
- 210. Treatment options
- 211. Legislative/judicial policies regarding HIV/AIDS
- 212. HIV rates/risk of infection
- 213. Latino Relevance: HIV rates/risk
- 214. Emotional consequences
- 215. Latino Relevance: Emotional consequences
- 216. Social consequences
- 217. Latino Relevance: Social consequences
- 218. Financial costs/consequences
- 219. Latino Relevance: Financial costs/consequences
- 220. Access issues for HIV/AIDS services (where to get care, language, transportation, childcare, male physicians, etc.)
- 221. Latino Relevance: Access issues
- 222. Folk or cultural remedies (prevention, treatment, other)
- 223. Latino Relevance: Folk or cultural remedies
- 224. Female responsibility for prevention
- 225. Latino Relevance: Female responsibility
- 226. Male responsibility for prevention
- 227. Latino Relevance: Male responsibility
- 228. Parental/familial responsibility for teens' prevention of HIV
- 229. Latino Relevance: Parental/familial responsibility
- 230. Other HIV/AIDS topic

### *Referrals For More Information*

- 231. Expert organization with phone number (includes hotlines) and/or address
- 232. Latino expert organization with phone number and/or address
- 233. Medical non-specific (e.g., ask your physician)
- 234. Latino Medical non-specific (e.g., ask at your local Latino health clinic)
- 235. Family member (parent, godparent, family in general, etc.)
- 236. Latino family member
- 237. Clergy member (priest, minister)
- 238. Latino clergy member
- 239. Other mentor/adult (non-family, e.g., discuss with your counselor)
- 240. Other Latino mentor/adult

## Manual Coding Sheet: One Sheet Per Sexual Health Article or Sexual Activity Article Mentioning Sexual Health

Coder: \_\_\_\_\_ Name of Publication: \_\_\_\_\_ Publication Date: \_\_\_\_\_

Article Name: \_\_\_\_\_

Article Code: (Ensure match with op-scan sheet) \_\_\_\_\_

### *Referrals Continued*

(Circle Yes or No)

- |     |    |  |
|-----|----|--|
| YES | NO | 241. Bibliographic/printed materials   |
| YES | NO | 242. Latino-relevant Bibliographic/printed materials (e.g., Spanish-language, includes Latino/Hispanic in name of publication, etc.) |
| YES | NO | 243. Websites or online news groups  |
| YES | NO | 244. Latino-Relevant Websites (Latino organization, Latino in name), Latino online news groups                                       |
| YES | NO | 245. Other   |

### *Article Approach*

246. Tone (overall theme, message of article, can problems be solved)

- A. Positive
- B. Negative
- C. Neutral

### *Self-efficacy (Can individuals cope)*

- 247.
- A. Self-efficacy
  - B. External control (e.g., partners, government, doctors control solution)
  - C. No human control (e.g., fate, luck)
  - D. No discussion

### *Are the Following Factors Discussed As Sexual and Reproductive Health Causes and Solutions?*

- |     |    |  |
|-----|----|--|
| YES | NO | 248. Individual behavior   |
| YES | NO | 249. Communication with partner  |
| YES | NO | 250. Machismo  |
| YES | NO | 251. Motherhood ( <i>marianismo</i> )  |
| YES | NO | 252. Family orientation ( <i>familismo</i> )   |
| YES | NO | 253. <i>Personalismo, respeto</i> (harmonious relations with others, personal respect) |
| YES | NO | 254. Government policy or agencies   |
| YES | NO | 255. Health professionals  |
| YES | NO | 256. Science or technology   |
| YES | NO | 257. Religion/church   |
| YES | NO | 258. Schools/education   |
| YES | NO | 259. Other social entities (e.g., media)   |

260. Article Language:    A. Spanish                      B. English                      C. Both

### B. English

C. Both

YES NO 261. Is the article the main cover story?

YES NO 262. Does the article have a headline/teaser on the cover?

YES NO 262. Does the article have a headline/teaser on the cover?

- A. Close match
- B. So-so match
- C. No match -- title gives incorrect impression
- D. No title -- question doesn't apply

- A. Close match
- B. So-so match
- C. No match -- teaser gives incorrect impression
- D. No teaser -- question doesn't apply

265.      1.      Staff writer (listed in masthead)  
             2.      Regular contributor/freelance writer  
             3.      Other  
             4.      No identification/cannot tell

2. Regular contributor/freelance writer

3. Other

4. No identification/cannot tell

266.
  1. Medical/public health expert
  2. Other specialist
  3. Medical writer/health writer
  4. Celebrity writer
  5. Person-on-the-street writer
  6. General staff writer
  7. Freelancer
  8. Other
  9. Cannot tell/no description

2. Other specialist

3. Medical writer/health writer

4. Celebrity writer

5. Person-on-the-street writer

6. General staff writer

7. Freelancer

8. Other \_\_\_\_\_

9. Cannot tell/no description

267.
  1. Feature article or item
  2. Q&A format/advice column
  3. News mentions
  4. Column
  5. Editorial
  6. Letter to the editor
  7. Other

## 2. Q&A format/advice column

### 3. News mentions

#### 4. Column

5. Editorial

## 6. Letter to the editor

7. Other

268. 1. General fact/informational
2. Current news-based or inspired

2. Current news-based or inspired

3. Opinion
4. Personality profile
5. Personal account/anecdote
6. Report findings from reader survey
7. Report findings from population survey
8. Reader survey or survey request
9. Other
10. None

### *Sources Quoted*

269. Number of experts/medical/public health sources \_\_\_\_\_
270. Latino Relevance: medical/public health experts \_\_\_\_\_ of total 269  
(Spanish surname, Latino organization)
271. Number of experts/non-medical sources \_\_\_\_\_
272. Latino Relevance: non-medical experts \_\_\_\_\_ of total 271  
(Spanish surname, Latino organization)
273. Number of person-on-the-street sources \_\_\_\_\_
274. Latino Relevance: person-on-the-street \_\_\_\_\_ of total 273  
(Spanish surname, mentions Latino heritage)
275. Number of sources of other types (specify below) \_\_\_\_\_
276. Latino Relevance: other types of sources \_\_\_\_\_ of total 275

### *Article Space Allocation*

277. Total editorial space (text, graphics, illustration): \_\_\_\_\_ sq inches
278. Total text: \_\_\_\_\_ words estimated (# words per column x number of lines)
279. Total photography, illustration, and/or other graphics (icons, logos, symbols): \_\_\_\_\_ sq inches
280. Total tables and charts: \_\_\_\_\_ sq inches
281. Total graphic treatment of text (pull-out quotes, text free-form on page, etc.) \_\_\_\_\_ sq inches

Qualitatively define any “other” answers by including the number of the question on the coding sheet followed by a brief description of “other.”

Item # \_\_\_\_\_

Item # \_\_\_\_\_

## Magazine Book Code Sheet: One Sheet Per Issue\*

\*Even when includes no sexual health articles

Coder: \_\_\_\_\_ Name of Publication: \_\_\_\_\_ Publication Date: \_\_\_\_\_

- |   |       |    |
|---|-------|----|
| 1. Articles about Sexual/Reproductive Health and/or Sexual Activity (circle one): | YES   | NO |
| 2. Number of heads and/or teasers on cover:                                       | _____ |    |
| 3. Number of heads/teasers related to reproductive and/or sexual health:          | _____ |    |
| 4. Number of heads/teasers related to other health topics:                        | _____ |    |

### *Space Allocation*

5. Total number of news editorial pages in book (excluding advertising): \_\_\_\_\_ pages

6. Total estimated number of words of text:

lines @	words =	_____	words
lines @	words =	_____	words
lines @	words =	_____	words
lines @	words =	_____	words
lines @	words =	_____	words
TOTAL		_____	words

### *Other Health Content (Topics Other than Sexual Health)*

Please list exact name of every health article or item included:

Page	Title	Article Category	Word Count
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Magazine Book Coding Sheet: “Other Health” Content Categories

### *Diseases and Medical Issues*

1. Alzheimer's
2. Cancer
3. Cervical Cancer
4. Breast Cancer
5. Esophageal Cancer
6. Lung Cancer
7. Pancreatic Cancer
8. Stomach Cancer
9. Cardiovascular/Heart Disease
10. Diabetes
11. Environmental Health
12. Contamination
13. Homeopathic/Alternative/Folk Medicine
14. Infectious Diseases and Conditions
15. Gastrointestinal Diseases and Disorders
16. Hepatitis A
17. Leprosy
18. Malaria
19. Measles
20. Parasitic Disease
21. Rubella
22. Lung/Respiratory Diseases and Conditions
23. Mental Health
24. Obesity/Eating Disorders
25. Paraplegia/Spinal Cord Injuries
26. Physical Handicaps/Disabilities
27. Preventive Medicine and Treatments
28. Public Health Issues
29. Substance Addiction and Abuse
30. Alcohol
31. Drug
32. Tobacco

### *Health Care Marketplace*

33. Clinics/Health Care Facilities (non-hospital)
34. Costs
35. Health Reform Initiatives
36. Health Care Companies—For Profit
37. Health Care Companies—Not for Profit
38. Health Care Professionals
39. Hospitals
40. Insurance
41. Companies

42. Portability (able to take health insurance from one job to the next)
43. Uninsured—General
44. Uninsured—Children specific
45. Managed Care
46. Closings/Consolidations
47. Medicaid
48. Medicare

### *Immigration and Health*

49. Border Health Issues
50. Legal/Documented Immigrants
51. Undocumented Immigrants

### *Language and Health*

52. Seeking Spanish-language Services
53. Culturally Aware Providers/Plans

### *Political Issues*

54. Political Activism regarding Health
55. Candidate Rhetoric
56. Legislative Debate/Vote/Action (non-budget)
57. Budget/Funding Debate/Vote/Action
58. Legislative Committee Hearings
59. Public Hearings
60. Politics—Other
61. Regulatory Issues
62. Federal Regulation of Managed Care
63. State Regulation of Managed Care
64. Regulatory—Other

### *Health Policy Issues*

65. Human Interest
66. Polling Data
67. Legal Issues

### *Other Health Topics*

68. Eye/Ear/Dental Health
69. First Aid/Poison Control
70. Headaches/Migraines
71. Muscular/Joint/Bone Conditions and Pain
72. Other Health Topics
73. Reproductive System (non sexual health)

# Endnotes

1. The word Latino is used broadly in this study to refer to those who self-identify with Spanish-speaking cultures in Mexico, Central America, South America, and Spain. Portuguese-speaking Brazilians may also identify themselves as Latino. The feminine form of Latino, Latina, refers to Latin American women. The use of these broad terms for the purposes of this study does not mean to slight the ethnicity of Latinos who are more apt to self-identify in relation to a country or indigenous group (e.g., “I am Puerto Rican, I am Mexican, I am Quechua”) or who prefer the term Hispanic.
2. The higher incidence of sexually transmitted diseases in minorities is correlated with poverty, access to quality health care, health-care seeking behavior, illicit drug use, and living in communities with a high prevalence of STDs, according to the Division of STD Prevention, Centers for Disease Control and Prevention. For example, gonorrhea rates among Hispanics are 69.0 cases per 100,000, compared with 25.9 cases in non-Hispanic whites and 825.5 in African-Americans. Syphilis was reported in 1.9 Hispanics per 100,000, compared with 0.6 for non-Hispanic whites and 30.2 for African Americans.



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